MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/580360** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ʳᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT				AS FILED		AFTER 1ᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51							
2		1		1			52							
3		1					53							
4				1			54							
5		4		1			55							
6				1			56							
7		1		1			57							
8				1			58							
9				1			59							
10				1			60							
11							61							
12							62							
13							63							
14							64							
15							65							
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41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.		⇓	1	⇓		⇓	TOTAL IND.			⇓		⇓		⇓
TOTAL DEP.		⇐	9	⇐		⇐	TOTAL DEP.			⇐		⇐		⇐
TOTAL CLAIMS			10				TOTAL CLAIMS							